



General Services Division
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Carson City, Nevada 89706
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www.gsd.nv.gov

FOR RECORDS USE ONLY

UPDATED _____

DATE: _____

CIVIL APPLICANT ACCOUNT CHANGE FORM

Items being added/changed: (Check **ALL** that apply):

- | | |
|---|---|
| <input type="checkbox"/> Physical Address | <input type="checkbox"/> Mailing Address |
| <input type="checkbox"/> E-Mail Address | <input type="checkbox"/> Federal Tax ID |
| <input type="checkbox"/> Contact Persons | <input type="checkbox"/> Phone Number <input type="checkbox"/> Fax Number |

Company Information:

Company:	
Federal Tax ID#:	Account number:
Email address:	

Contact Information:

Please check if contact information is to be used for:

- ☐ Billing Only ☐ Response Only ☐ Both

Contact Person(s):

<u>Business Physical Address</u>			<u>Secondary Mailing address</u> (if different than physical address)			
Contact Person:						
Address:						
City:	State:	Zip:				
Mailing Address:						
City:	State:	Zip:				
Telephone:						
Fax:						
Applicable NRS (s): (Enter all that apply)						
<p>Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 5 business days.</p> <p>I, the undersigned, have the authority and am the responsible party to apply for an account on behalf of the Company / Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, General Services Division.</p>						
Signature:			Printed Name:		Date:	